

# CHECKLIST FOR TECHNICIANS ENTERING MILITARY ACTIVE DUTY AND USERRA RETURN TO DUTY EMPLOYMENT RESTORATION

Name: \_\_\_\_\_

**\*\*\*\*\* Please initial your election/acknowledgement \*\*\*\*\***

## DUTY STATUS

### **OUTPROCESSING:**

\_\_\_\_\_ I acknowledge receipt of the information packet for Technicians entering military active duty.

\_\_\_\_\_ My orders are attached

\_\_\_\_\_ I want to be placed on Absent - Uniformed Service (Absent US) status or Personal Leave Without Pay (LWOP) status

\_\_\_\_\_ I want to be separated from Technician duty (Separation US)

### **INPROCESSING:**

- Identify the date and intent of your Return to Duty (RTD), whether physically or administratively. Returning Technicians must understand all RTD prerequisites. You must provide military orders or documentation such as your DD-214 which indicates you were discharged or pending discharge from military service under honorable conditions.
- Upon release from military service, you have a specific time limit to report back to your Technician position once released from your military orders:
  - 1) Less than 30 days, must report back to work at the beginning of the next regularly scheduled workday after release.
  - 2) More than 30 but less than 181 days, must notify supervisor no later than 14 days after release.
  - 3) More than 180 days, must notify supervisor no later than 90 days after release.
- If you are on terminal/transition leave pending separation from or release from military service (under honorable conditions), you can elect to RTD and receive your Technician pay in addition to the unexpired portion of your military service.

\_\_\_\_\_ I elect to Return To Duty on \_\_\_\_\_

\_\_\_\_\_ I have been released or am pending release from military service under honorable conditions.

## LEAVE USAGE

### **OUTPROCESSING:**

\_\_\_\_\_ I have \_\_\_\_\_ hours of Compensatory Leave I plan to use at the beginning of my orders. I have informed my supervisor of my Absent US or LWOP start date, which will be after the last of my requested Compensatory Leave is used.

\_\_\_\_\_ I have provided my Supervisor with OPM 71 Request for Leave forms and/or ATAAPS inputs for any leave I plan to use during this extended military active duty.

\_\_\_\_\_ I have a balance of annual leave that I would like to be paid a lump sum.

### **INPROCESSING:**

➤ Technicians returning from Title 10 military duties in support of any military operation established under Executive Order 13223 are granted Five Days Excused Absence (Presidential Leave) each time they RTD.

- 1) You must have spent 42 or more consecutive days in active military service, with no breaks, to be eligible for the Five Day Excused Absence. Eligibility is limited to one time per every 12-month period which begins on the first day of the excused absence and ends 365 days later.
- 2) You must coordinate with your Supervisor and/or Time & Attendance Representative for approval and submission of your Five Day Excused Absence. You must use the Five Day Excused Absence when you RTD and prior to your actual resumption of duties. You will RTD administratively and report physically to work following the Five Day Excused Absence.
- 3) You must use the Five Day Excused Absence consecutively, cannot save it for a later date, or use it cumulatively on separate days.

\_\_\_\_\_ I did not serve in support of a contingency operation established under EO 13223.

\_\_\_\_\_ I understand the Five Day Excused Absence (Presidential Leave) conditions and requirements and will make the necessary coordination for its use.

➤ You will resume earning leave as normal effective on your RTD date.

- 1) All earned leave cached during your Absent US status will resume effective on your RTD date unless leave was forfeited or requires restoration.
- 2) Compensatory Time and Time-Off Awards which were not used within 1 year of earning them, and Military Leave which exceeded 240 hours, may have been forfeited and cannot be restored.
- 3) Accrued Annual Leave which exceeded the maximum amount of 240 hours may have been forfeited, but can be restored upon request depending on the time it was lost.

\_\_\_\_\_ I understand my earned leave conditions and requirements and will take the necessary steps as appropriate.

## HEALTH BENEFITS (FEHB AND TRICARE)

### **OUTPROCESSING:**

I currently have FEHB coverage \_\_\_\_\_ I do not have FEHB coverage \_\_\_\_\_

\_\_\_\_\_ I am being called to active duty in support of a contingency operation. I want to continue my current FEHB coverage, and am entitled to agency payment of my premiums for up to 24 months. The 24 month period starts the date I am placed in Absent US status.

\_\_\_\_\_ I want to terminate my FEHB coverage effective \_\_\_\_\_

\_\_\_\_\_ I want to incur a debt to be paid upon my return to Technician status (on a pre-tax basis if I participate in Premium Conversion). I understand if I continue my FEHB after the first 12 months, I will pay 102% of the cost and premiums must be kept current thereafter.

\_\_\_\_\_ Upon RTD, I will notify HRO if I want to waive FEHB reinstatement due to having TAMP transitional Tricare coverage. I must complete a Waiver of Immediate FEHB Reinstatement form to stop automatic reinstatement.

### **INPROCESSING:**

- If you terminated your FEHB coverage when entering Absent US status, it will normally be reinstated on your RTD date. You may also elect certain changes to your FEHB coverage be made within 60 days after you RTD.
- If your FEHB was cancelled prior to this period of Absent US, was automatically terminated after exceeding 24 months of Absent US status, or you did not have FEHB previously, you may elect to waive or enroll in FEHB for a period of 60 days after you RTD.
- Upon RTD, you may waive FEHB reinstatement or enrollment due to TAMP transitional Tricare coverage if you complete a Waiver of Immediate FEHB Reinstatement form.

\_\_\_\_\_ I want to continue my current FEHB coverage.

\_\_\_\_\_ I want to reinstate my previous FEHB coverage or enroll in for new coverage. HRO will submit a SF 2809 or SF 2810 with this checklist.

\_\_\_\_\_ I want to waive FEHB coverage at this time and understand I must complete the Waiver of Immediate FEHB Reinstatement form.

## **FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI)**

### **OUTPROCESSING:**

**I currently have FEGLI coverage \_\_\_\_\_ I do not have FEGLI coverage \_\_\_\_\_**

\_\_\_\_\_ I understand my FEGLI coverage will continue for 12 months while in an Absent US status at no cost to me. P.L. 110-181 allows me to continue FEGLI enrollment for an additional 12 months for a total of 24 months. During this additional period I must pay the entire premium (both employee and agency share) for Basic and Optional coverage I have elected.

\_\_\_\_\_ I do not want any additional FEGLI coverage past the first 12 months

\_\_\_\_\_ I want the additional 12 months FEGLI coverage for a total of 24 months

\_\_\_\_\_ If I have a Qualifying Life Event (QLE) while Absent US, I must contact HRO within 60 days after the event to elect or increase Option B and/or C coverage as appropriate.

\_\_\_\_\_ If I choose to Separate US, FEGLI coverage continues at no cost to me for 12 months or until 90 days after my military service ends, whichever comes first. My FEGLI policy then ends with a 31 day free extension of coverage and the option to convert to a private policy.

### **INPROCESSING:**

- FEGLI coverage, whether terminated or not, will resume effective on your RTD date. If FEGLI coverage has been terminated the FEGLI coverage in place when your non-pay status began will be reinstated automatically upon your RTD.

\_\_\_\_\_ I understand my FEGLI coverage becomes active upon my RTD.

\_\_\_\_\_ I did not have FEGLI coverage prior to entering military duty.

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## **FEDERAL EMPLOYEES' DENTAL AND VISION INSURANCE (FEDVIP)**

### **OUTPROCESSING:**

**I currently have FEDVIP coverage \_\_\_\_\_ I do not have FEDVIP coverage \_\_\_\_\_**

\_\_\_\_\_ I understand I must notify BENEFEDS (877-888-3337) of my Absent US status and to discuss my payment options or terminate coverage. I must keep my premium payments current to avoid cancellation of coverage; I may not incur a debt.

### **INPROCESSING:**

\_\_\_\_\_ I understand I must notify BENEFEDS (877-888-3337) of my RTD. If I changed my payment option from payroll deduction, I must contact BENEFEDS to have it reestablished. If I terminated coverage, or it was cancelled due to non-payment of premiums, I must contact BENEFEDS to have FEDVIP reinstated within 60 days of my RTD.

## **FLEXIBLE SPENDING ACCOUNT (FSA)**

### **OUTPROCESSING:**

**I currently have an FSA \_\_\_\_\_ I do not have an FSA \_\_\_\_\_**

\_\_\_\_\_ I understand I must notify FSAFEDS (877-372-3337) of my Absent US status. I may accelerate my pre-tax deductions prior to entering Absent US. No contributions will be deposited into my account during my absence.

\_\_\_\_\_ If I choose to Separate US prior to going on military duty, my FSA will terminate as of the date of my separation. Any health care expenses incurred prior to that date are reimbursable.

### **INPROCESSING:**

\_\_\_\_\_ I understand I must notify FSAFEDS (877-372-3337) of my RTD.

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## **FEDERAL LONG TERM CARE INSURANCE (FLTCIP)**

### **OUTPROCESSING:**

**I currently have FLTCIP coverage \_\_\_\_\_ I do not have FLTCIP coverage \_\_\_\_\_**

\_\_\_\_\_ I understand I must notify FLTCIP (800-528-3337) of my Absent US status and to discuss my payment options. I must keep my premium payments current to avoid cancellation of coverage; I may not incur a debt.

### **INPROCESSING:**

\_\_\_\_\_ I understand I must notify FLTCIP (800-528-3337) of my RTD. If I changed my payment option from payroll deduction, I must contact FLTCIP to have it reestablished.

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## **DESIGNATION OF BENEFICIARIES**

- The payment of FEGLI, TSP, and FERS benefits as well as any Unpaid Compensation will be distributed according to varying orders of precedence when you die. If you want benefits paid to someone else or in a different order, you must designate a beneficiary.

### **OUTPROCESSING:**

\_\_\_\_\_ I understand if I don't have a Designation of Beneficiary form(s) on file, then any funds will be distributed according to an established order of precedence in the event of my death.

### **INPROCESSING:**

\_\_\_\_\_ I understand if I don't have a Designation of Beneficiary form(s) on file, then any funds will be distributed according to an established order of precedence in the event of my death.

## **PAY, ALLOTMENTS, AND GARNISHMENTS**

### **OUTPROCESSING:**

\_\_\_\_\_ I understand prior to entering Absent US status, I am responsible for notifying payees of any allotment(s) or garnishment(s) normally deducted from my pay of my military duty and/or keeping current on such payments as required. General examples of these deductions are: child support, Chapter 13 trustee payments, personal allotments, and personal garnishments.

### **INPROCESSING:**

- Most deductions, allotments, and garnishments established on your Technician pay should resume on your RTD date. It is your responsibility to monitor (i.e. closely review) your Technician LES to coordinate and/or reestablish necessary deductions, allotments, and garnishments.
- To manage your pay information (i.e. direct deposit accounts, address, LES delivery, and allotments) you will need to access the DFAS myPay web site.

\_\_\_\_\_ I understand my Technician pay conditions and requirements and will take the necessary steps as appropriate.

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## **RETIREMENT**

### **OUTPROCESSING:**

\_\_\_\_\_ I understand my FERS death and disability benefits continue while I am Absent US.

\_\_\_\_\_ I understand this military service is potentially creditable toward my Technician FERS retirement. The service credit deposit on any such period(s) must be completed before I file for retirement to be creditable toward my retirement eligibility.

### **INPROCESSING:**

- You may elect to make service credit deposits into FERS for military service which is determined to be creditable. To begin this process, provide a long copy of your DD 214 (showing the Characterization of Service) and/or military orders to HRO. An RI 20-97 Form will then be submitted to DFAS.

\_\_\_\_\_ I understand my Technician retirement and military service credit deposit conditions and will take the necessary steps as appropriate.

## THRIFT SAVINGS PLAN (TSP)

### **OUTPROCESSING:**

I have elective TSP contributions \_\_\_\_\_ I do not have elective TSP contributions \_\_\_\_\_

\_\_\_\_\_ I understand that I must contact HRO within 60 days of my RTD to make retroactive TSP contributions and elections.

\_\_\_\_\_ I understand if I have an outstanding TSP loan(s), I must provide HRO with this information to keep me from being considered delinquent in my loan payments by TSP. HRO will notify TSP with a TSP 41 form that I am in an Absent US status and my payment schedule may be re-amortized upon my RTD.

\_\_\_\_\_ I currently have a TSP loan \_\_\_\_\_ I do not have a TSP loan

### **INPROCESSING:**

➤ You may make up any missed TSP contributions by contacting HRO. The request for retroactive contributions must be made within 60 days of RTD. After the 60 days has passed, the request cannot be processed and will be returned without action. The agency will provide the associated matching funds as missed TSP contributions are made up.

➤ Any outstanding TSP Loan(s) and their corresponding pay deductions will resume effective on your RTD. A TSP 41 form will be sent to TSP notifying them of your RTD.

\_\_\_\_\_ I understand I must request to make TSP retroactive contributions within 60 days my RTD and to receive agency matching funds for my missed contributions.

\_\_\_\_\_ I understand if I have an outstanding TSP loan(s), I must provide HRO with this information and loan payment deductions will resume effective upon my RTD.

\_\_\_\_\_ I currently have a TSP loan \_\_\_\_\_ I do not have a TSP loan

**\*\*\*\*\* HRO Contact Information and Out/Inprocessing Notes are on back \*\*\*\*\***

\_\_\_\_\_  
Outprocessing Signature

\_\_\_\_\_  
Outprocessing Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact E-Mail While Absent US

\_\_\_\_\_  
Home Address:

\_\_\_\_\_  
Contact Phone While Absent US

\_\_\_\_\_  
Inprocessing Signature

\_\_\_\_\_  
Inprocessing Date

HRO Website: <http://inghro.idaho.gov>

HRO contact numbers for Technicians whose last names begin with:

A thru G	SFC Jeff Renon	<a href="mailto:jeffrey.renon@ang.af.mil">jeffrey.renon@ang.af.mil</a>	DSN 422-3339 (or area code 208)
H thru M	SSgt Alisha Allen	<a href="mailto:alisha.allen@ang.af.mil">alisha.allen@ang.af.mil</a>	DSN 422-3338 (or area code 208)
N thru S	SMSgt Jeff Guzi	<a href="mailto:jeffrey.guzi@ang.af.mil">jeffrey.guzi@ang.af.mil</a>	DSN 272-4210 (or area code 208)
T thru Z	Albert Gomez (Civ)	<a href="mailto:albert.j.gomez2.civ@mail.mil">albert.j.gomez2.civ@mail.mil</a>	DSN 272-4224 (or area code 208)

**NOTES**

**OUTPROCESSING:**

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**INPROCESSING:**

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